

**CAMELOT HOMEOWNERS ASSOCIATION, INC.  
APPLICATION TO THE DESIGN REVIEW COMMITTEE**

This form is to be completed by the homeowner and submitted to the Architectural Review Committee (DRC) for approval PRIOR to commencement of any work.

**Mail Application To: 16 W. DAKIN AVENUE, KISSIMMEE, FL. 34741**

For additional information please call property manager Barbara at 407-483-1301 OR FAX 407-483-1339

-----  
**(PLEASE PRINT LEGIBLY)**

Owner Name: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Property Address: \_\_\_\_\_, Sr. Cloud, Florida 34772

Mail Address (if different): \_\_\_\_\_

Email Address: \_\_\_\_\_

Agent (if applicable): \_\_\_\_\_ Agent's Phone Number: \_\_\_\_\_

Phone Numbers  
Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_ Fax: \_\_\_\_\_ email: \_\_\_\_\_

**\*MUST PROVIDE THE BELOW REQUIRED INFORMATION\***

1. DESCRIBE ADDITION, CHANGE OR INSTALLATION (i.e. fence, screen enclosure, pool, exterior paint, etc.):

\_\_\_\_\_

2. Attach copy of property survey (indicating where addition or installation is located).

3. SPECIFICATIONS: (attach copies of plans, estimates or pictures)

4. Dimensions: \_\_\_\_\_

5. Material(s): \_\_\_\_\_

\_\_\_\_\_

6. Home Paint Color(s):

Body: \_\_\_\_\_ Trim: \_\_\_\_\_ Door: \_\_\_\_\_

Other Color(s): (attach 1 original color paint chip per color)

**PLEASE GIVE APPROXIMATE START DATE:** \_\_\_\_\_

7. Other Information: \_\_\_\_\_

Request and alternations must conform to all zoning and building regulations.  
You are required to obtain required permits if your request is approved.  
If your request is denied, you may appeal to the Board of Camelot for review.

**For Use by The Architectural Review Committee**

ARC Comments: \_\_\_\_\_

\_\_\_\_\_  
 APPROVED  DENIED

DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_  
 APPROVED  DENIED

DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_